

SMOKING AND ADDICTION: EXECUTIVE SUMMARY

For hundreds of years, individuals have chosen to smoke or not to smoke, to continue or to quit, as a matter of personal preference and free choice. In more recent years, however, it has been suggested that smokers are unable to make free-will choices, particularly about whether to quit smoking, because they are "addicts." But cigarette smokers are not "addicts." They are normal, rational people who happen to enjoy smoking, an activity that is the target of a highly vocal group.

Proponents of the view that smoking is an addiction claim that pharmacological reports on nicotine demonstrate that smoking is not voluntary. However, this literature has an extremely narrow focus and does not fully consider the many complex and personal motivations for smoking. Furthermore, the question of whether smoking is voluntary is more than just a scientific question. It also involves the philosophical concept of "free will." In short, the pharmacological literature does not provide an adequate basis for understanding smoking behavior. However, it is clear from daily common sense observation that smokers make a free choice to smoke.

The use of addictive drugs produces several objective physiological effects that are not observed in cigarette smokers. Addictive drugs are intoxicating, which means that they are used

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to try to escape reality and are associated with a deterioration in psychological and behavioral functioning. Such drugs lead to physical dependence, as manifested by a medically serious, potentially life-threatening withdrawal syndrome that develops during abstinence from the drug. Addiction also leads to tolerance, a need for progressively greater levels of the drug.

Because of the physiological aspects of addictive drugs, the motivations for their use fluctuate between the desire to become intoxicated and the need to avoid or reduce the adverse physical symptoms of withdrawal. Due to this continuous cycle of intoxication and withdrawal, a drug addict is unable to make rational decisions affecting his life in general, much less specifically whether to continue or quit drug use. By contrast, smokers do not become intoxicated. Neither has physical dependence been demonstrated to occur in smokers. Smokers' ability to think rationally is never compromised by smoking. They are always able to make reasoned choices about smoking and other aspects of their lives.

In an effort to label smoking an addiction, some antismoking organizations and researchers have attempted to broaden the definition of addiction. For example, recent reports on smoking behavior released by the United States and Canadian governments do not include physical dependence as a requirement for addiction.

However, removing objective physical effects from the definition constitutes a step backward in terms of understanding drug addiction, because it relegates addiction to little more than a description of any frequently occurring behavior. Thus, the word addiction is now sometimes used to describe running or jogging, watching television, sexual activity, even shopping and playing video games.

The literature indicates that although smoking may be a strong habit, it has not been demonstrated to be an addiction to nicotine. For example, chewing gum which contains nicotine does not substitute for the pleasure of cigarette smoking. Moreover, smokers can quit when they decide to do so. Almost everyone knows someone who has quit smoking. In fact, in the United States alone, government figures indicate that nearly half of all living adults who ever smoked have quit.

Claims have been made that cigarette smoking serves as a "gateway drug" to the use of "hard" drugs. This very questionable claim apparently stems from occasional reports that a chronological order may exist between smoking and illicit drug use. However, any possible association between cigarette smoking and the use of drugs is small and tenuous, if it exists at all. In addition, it is illogical to suggest that two activities are causally related just because one activity may precede the other.

In attempting to build credibility for a cigarette addiction claim, antismoking groups sometimes argue that this is the conclusion of the American Psychiatric Association. Although this organization does publish a diagnostic manual which includes categories for "dependence" and "withdrawal" in smokers, their inclusion may have been influenced by a variety of political, social and financial considerations not related to science. Moreover, the criteria for diagnosis of "dependence" have been criticized as overinclusive. The manual itself concedes that it is not known whether its diagnosis of "withdrawal" has anything to do with quitting smoking.

In conclusion, there have been increasingly frequent attacks on smoking, marked by attempts to label it an addiction. Lacking scientific demonstration of physiological criteria for addiction, these attacks have taken on a distinctly emotional and political tone. In fact, the "addiction" label appears to be applied to smoking with little regard for its scientific meaning. Cigarette smoking is more accurately classified as a habit. As when giving up any habit, a smoker needs the desire and the motivation to quit. There is nothing in cigarettes which interferes with a smoker's ability to decide to quit and to carry out that decision. In fact, in the United States alone, government figures indicate that over 41 million people, nearly half of all

living adults who ever smoked, have quit. Moreover, more than 90 percent of those have successfully quit on their own and without professional help.

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